

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/510,592		Filing Date 17 August, 2005		<input type="checkbox"/> To be Mailed					
				Applicant(s) RODRIGUEZ ET AL.						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 03/12/2009		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1		X					51						
2			X				52						
3			X				53						
4			X				54						
5			X				55						
6			X				56						
7			X				57						
8			X				58						
9			X				59						
10			X				60						
11			X				61						
12			X				62						
13			X				63						
14			X				64						
15			X				65						
16		1					66						
17			1				67						
18			X				68						
19		1					69						
20			1				70						
21			X				71						
22		1					72						
23			X				73						
24			X				74						
25			X				75						
26			X				76						
27			X				77						
28			X				78						
29			X				79						
30			X				80						
31			X				81						
32			X				82						
33			X				83						
34			3				84						
35			1				85						
36			1				86						
37			1				87						
38			1				88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep		3					Total Indep						
Total Depend			9				Total Depend						
Total Claims			12				Total Claims						

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